



Board of Health  
Town of Dalton  
462 Main Street  
Dalton, MA 01226  
Tel: 684-6111 ext. 20  
Fax : 684-6131

**Fee: \$50**

## Application for Disposal Works Installer License

Company Name: \_\_\_\_\_

Owner / Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Federal ID/SS#: \_\_\_\_\_

Have you ever installed a subsurface disposal system? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes list when and in what Town / States: \_\_\_\_\_

Are you a certified septic system installer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, who issued your certification? \_\_\_\_\_

If partnership or corporation, list names, addresses, percentage of ownership, and/or class of stock held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Application approved by

\_\_\_\_\_  
Date